Application Number **CLAIMS ONLY** Filing Dale 10/8/6681 AFTER FIRST AMENDMENT May be used for additional claims or amendments AFTER SECOND
AMENDMENT
Indep Depend Indep Depend Indep Depend .68 69 60 61 62 63 64 65 66 67 68 69 70 71 72 75 76 77 78 79 80 81 82 83 84 85 86 87 80 31 32 33 34 37 88 89 -40 **8**8 90 91 92 93 96 97 98 99 100 Total Indep Total Depend Claims 50 Total Indep 22 Depend Total Claims